



**Doncaster Safeguarding Children Partnership
Levels of Need descriptors**

Use the Threshold Document for Guidance on Information Sharing and Consent

The guidance should be read alongside:

- **MASH Operating Procedures**
- [statutory guidance Working Together to Safeguard Children](#);
- [departmental advice What to do if you are Worried a Child is Being Abused - Advice for Practitioners](#); and
- [departmental advice Sexual Violence](#)
- [Keeping children safe in education 2020 - Update - January 2021.pdf](#)
- [Offender Management Act 2007 \(legislation.gov.uk\)](#)

Domestic abuse, mental health issues, neglect, substance misuse and other caring responsibilities can all increase stress or reduce availability to address other issues. It is therefore important for practitioners think family and do a holistic assessment of all needs impacting on parenting and on child development and achieving outcomes.

Professionals are also to consider the wider context before deciding what form of support may be most appropriate for children and young people who go missing, are involved in gang activity, county lines and concerns of exploitation are identified. It is important to acknowledge that Children and young people can have differing levels of safety in different contexts, which needs to be understood and considered when safety planning and we are asking practitioners to consider contexts beyond individual children and their families such as those related to schools, peer groups and neighbourhoods. To support this work the [Contextual Safeguarding Network](#) have developed tools to support schools, peers and neighbourhoods and further information is also in [Working Together to Safeguard Children 2018](#)

Partnership guidance and information and useful resources are available on: <https://dscp.org.uk/professionals>

You can also contact the Multi Agency Safeguarding Hub (MASH) for advice/ consultation on 01302 - 737777 or by email on ChildrenAssessmentService@dcstrust.co.uk . The out of hours service (Emergency Social Services Team - ESST) can be contacted on 01302 – 796000.

Universal services

Features Universal needs (Level 1) – The word Universal needs describing in relation to the service	Universal – example indicators Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. All children whose needs can be met by universal services will occasionally experience difficulties in their lives which may be attributable to situational factors such as loss and separation, a change in their family’s circumstances, illness or other short term detrimental factors such as bullying or being the victim of violence in the community.	Guidance			
Children with no additional needs and children who may from time to time require additional support that can be met within universal services.	<table border="1"> <thead> <tr> <th data-bbox="533 788 1630 863"> Development needs </th> </tr> </thead> <tbody> <tr> <td data-bbox="533 863 1630 1161"> Health <ul style="list-style-type: none"> • Good physical health with age appropriate development, including speech and language • Meeting developmental milestones • Adequate diet, hygiene and clothing • Developmental checks/ immunisations up to date • Regular dental / optical care • Health appointments kept </td> </tr> <tr> <td data-bbox="533 1161 1630 1382"> Learning/education <ul style="list-style-type: none"> • General development is age appropriate • Access to books and toys, play • Achieving education key stages • Good attendance at school/college/training • Planned progression beyond statutory school age </td> </tr> </tbody> </table>	Development needs	Health <ul style="list-style-type: none"> • Good physical health with age appropriate development, including speech and language • Meeting developmental milestones • Adequate diet, hygiene and clothing • Developmental checks/ immunisations up to date • Regular dental / optical care • Health appointments kept 	Learning/education <ul style="list-style-type: none"> • General development is age appropriate • Access to books and toys, play • Achieving education key stages • Good attendance at school/college/training • Planned progression beyond statutory school age 	Children should access universal services in a normal way. Key agencies that are involved at this level: Education Family Hub 0 – 19 Healthy Child Service Midwifery School nursing GP Police Housing Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services
Development needs					
Health <ul style="list-style-type: none"> • Good physical health with age appropriate development, including speech and language • Meeting developmental milestones • Adequate diet, hygiene and clothing • Developmental checks/ immunisations up to date • Regular dental / optical care • Health appointments kept 					
Learning/education <ul style="list-style-type: none"> • General development is age appropriate • Access to books and toys, play • Achieving education key stages • Good attendance at school/college/training • Planned progression beyond statutory school age 					

	<ul style="list-style-type: none"> • Child / young person home schooled and no concerns 	Parenting groups Adult mental health Parenting Team SALT and drop in Sexual health services Dentist Ophthalmic services DSCT Counselling Services Audiology Services The Family information Service has knowledge of services able to offer support to children and their families including information about Family Hub, activities for children and young people, information on local voluntary services as well as details of childcare support available in the county.
Social and emotional presentation/ behaviour/ identity <ul style="list-style-type: none"> • Feelings/ actions demonstrate appropriate responses • Ability to express needs • Able to adapt to change • Able to demonstrate empathy, feelings of belonging and acceptance • Positive sense of self and abilities • Good mental health and psychological wellbeing • Confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active 		
Self-care and independence <ul style="list-style-type: none"> • Age appropriate/ independent living skills 		
Family and environmental factors		
Family and social relationships <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs • Good relationships with siblings • Positive relationships with peers • Supportive family relationships even when parents are separated • Absent parent • Few significant changes in family composition • Sense of larger familial network/ good friendships outside the family network • Sense of associates and how they support 		
Housing, employment and finance <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing/amenities • Parents able to manage working/ unemployed • Reasonable income over time and resources used appropriately to meet the child's needs 		
Social and community resources <ul style="list-style-type: none"> • Good social and friendship networks exist 		

	<ul style="list-style-type: none"> • Family integrated into the community • Safe and secure environment • Access to consistent and positive activities • Good universal services in the neighbourhood 	
	Parents and carers	
	Basic care, safety and protection <ul style="list-style-type: none"> • Parents able to provide care for child's needs e.g. food, drink, appropriate clothing, medical and dental care • Protect from danger elements or significant harm in the home/ elsewhere • Restrict/ monitors internet access appropriately 	
	Emotional warmth & stability <ul style="list-style-type: none"> • Parents provide secure and caring parenting – praise and encouragement • Ensures that sense of belonging is not disrupted • Ensure that the child access education available to them 	
	Guidance boundaries and stimulation <ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to help child develop appropriate values • Enables and encourages the child to reach his/ her potential 	

Emerging Needs

Features	Emerging needs (Level 2)– example indicators	Guidance
Emerging needs (Level 2)	Children and families with some emerging needs may require support of another service alongside universal provision to prevent an escalation of needs. A Family Early Help Assessment may be appropriate for some children at this level.	
Children and families with	Development needs	

<p>additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation.</p> <p>May require multi-agency intervention. Lead professional and Team around the Family (TAF).</p> <p>Children with additional needs are best supported by those that already work with them such as Family Hub and schools organising additional support with local partners as needed.</p> <p>The purpose of this intervention is to address these needs and prevent them escalating to a level that requires targeted services.</p> <p>Consent required:</p> <p>The clear expectation is that all professionals will discuss their concerns openly and honestly with</p>	<p>Health</p> <ul style="list-style-type: none"> • Slow in reaching development milestones • Overdue immunisations or health checks • Minor health problems • Inadequate diet e.g. no breakfast, being under/overweight • Inadequate general hygiene • Missed some antenatal appointments • Dental problems and untreated decay – poor dental hygiene • Bedwetting or soiling • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to the procedure • Concern of self-harm (including substance misuse) • Parent has physical or mental health issues and is requesting support • Changes in presentation, mood or behaviour, expressed by others or by the child themselves • Hygiene has some effect on child's personal presentation 	<p>One or two services work together to meet child and family needs, coordinated by a service that knows the child/family best.</p> <p>A family early help assessment should be completed to gain a full understanding of the family's needs, A Team around the Family (TAF) convened and a plan agreed with the family, agreeing clear outcomes to be achieved and progress regularly reviewed.</p> <p>Key agencies that may provide support at this level:</p> <p>Portage School nursing Early years childcare settings Housing Family Wellbeing service DAN DAC Freedom Project</p>
	<p>Learning/education</p> <ul style="list-style-type: none"> • Limited access to books, toys, the internet or educational materials • Poor stimulation • Identified language and communication difficulties • SEN support at school level • Some learning or disability needs that require support • Occasional truanting or non-attendance and poor punctuality • Persistent late arrival • Pattern of school absences • Not always engaged in learning – poor concentration, low motivation and interest • Not reaching full educational potential • Some fixed term exclusions or reduced timetable • Few or no qualifications • Some emerging concerns for a child/ young person being home schooled 	

<p>the child, where appropriate, and their parents or carers/ those with parental responsibility. Except where to do so might place the child or another person at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub and followed up in writing or in an emergency contact the police on 999.</p>	<p>Social and emotional presentation, behaviour, identity</p> <ul style="list-style-type: none"> • Difficulty making and sustaining relationships with peers and with family • Social isolation • Lack of positive role models • Exhibits antisocial/anti - authoritarian behaviour • Low level mental health or emotional issues requiring intervention • Children involved in bullying/may experience bullying or low-level cyber bullying • Child at times not able to show empathy • Early onset of sexual activity or at risk of early pregnancy • Lack of confidence/low self-esteem which affects behaviour and development • Child subject to persistent discrimination • Emerging concerns in relation to sense of belonging • Low level concern about child being radicalised or exposed to extremism • Resistance to boundaries and adult guidance • Exhibits aggressive challenging behaviour • Some evidence of inappropriate responses and actions by child • Unsure or unable to disclose sexual orientation • Some insecurities around identity expressed • Finds it difficult to cope with anger, frustration or upset 	<p>Young carers Adult mental health Young Women’s Resource Project SALT Education Family Hub PAFSS Parenting Team 0 – 19 healthy Child Service Midwifery School nursing GP Police Housing DSCT Counselling Services Voluntary and community services Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services Parenting groups Adult mental health SALT and drop in Sexual health services Dentist Ophthalmic services Audiology Services</p>
	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate self-care skills and independent living skills that increase vulnerability. 	
	<p>Family and environmental factors</p>	
	<p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Conflict between parents/ family members where police have been called • Parents/carers have relationship difficulties which affect the child • Parent struggles to regulate emotions • Child has some caring responsibilities • Family is socially isolated • Multiple changes of address • Low level inter-sibling violence and aggression • Unresolved issues arising from parents’ separation and family reconstitution or bereavement • Family history of criminal gang involvement 	

	<ul style="list-style-type: none"> • Child to adult abuse • Some support from friends and family 	<p>Professionals are advised not to delay starting the Early Help Assessment and should speak to a member of the Early Help Team for advice on how to proceed.</p>
<p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Overcrowding in poor housing conditions • Housing arrangements are temporary or unsecure • Unsecure or unknown immigration status • Financial pressures • Low income 		
<p>Social and community resources</p> <ul style="list-style-type: none"> • Families are victim of hate crime • Poor access to leisure and recreational amenities and activities • Associating with anti-social or criminally active peers • Risk of gang involvement or vulnerability to gang activity/exploitation • Some social exclusion experiences • Negative influences from peer groups or friends • Marginalised from the community 		
<p>Parents and Carers</p>		
<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Inappropriate childcare arrangements • Low level concerns about parental alcohol or substance use • Young or inexperienced parents • Requires advice on parenting issues • Professionals are beginning to have some concern about the child's needs being met • Parental decision/ stressors have some impact on the child's safety • Some exposure to dangerous situation in or outside the family home including online violent and / or extremist websites or influences • Child is left at home alone for a short period and this has not compromised his/ her safety (consider age and vulnerability) 		

	<p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person • Failure to pick up on the child's emotional cues • Parents ability to cope with needs of disabled child – requesting support • Key relationships with family not always maintained • Unstable family environment 	
	<p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Lack of routine and inconsistent boundaries • Poor supervision within the home • Anti-social behaviour in neighbourhood • Parents failing to challenge any inappropriate viewpoint • Low level physical chastisement that does not cause physical injury • Inappropriate parental chastisement e.g. puts child in stress positions • Threatening and frightening behaviour towards the child 	

Targeted

<p>Features</p> <p>Complex Needs (Level 3)</p>	<p>Complex Needs (Level 3) example indicators</p> <p>Children and families with more significant complex need and who are in need of targeted support without which they would not meet their expected potential. These children live in families where there is greater adversity and a greater degree of vulnerability. A Family Early Help Assessment and a Team around the Family (TAF) will be required or a targeted coordinated response from the Multi Agency Team.</p>	<p>Guidance</p>
<p>Children and families with complex needs requiring integrated targeted support.</p> <p>Because of the complexity of needs, especially around behaviour and parenting, a multidisciplinary/agency coordinated plan developed with the family is needed, coordinated by a lead professional.</p> <p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and</p>	<p>Development needs</p> <p>Health</p> <ul style="list-style-type: none"> • Child has some chronic/recurring health problems or a disability; inappropriately managed; may include some cases of perplexing presentations/medical neglect • Developmental milestones unlikely / not being met due to parental care • Inappropriate sexualised or personal behaviour • Hygiene problems impacting on the child’s presentation and health • Regular substance misuse • Missing routine appointments • Increasing concern regarding the child’s diet or development • Unsafe sexual activity and/or STIs • Emerging self-harming behaviours • Sexual harmful behaviours • The impact on mental well-being is having a direct impact on day to day life • Some emerging concern regarding unborn baby and mother attending antenatal services inconsistently • History of Female Genital Mutilation (FGM) in family 	<p>Where practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide, they should discuss this with the family and complete a family early help assessment.</p> <p>Professionals are advised not to delay starting the Early</p>

<p>families who: have a disability resulting in complex needs, exhibit antisocial or challenging behaviour, suffer neglect or poor family relationships, have poor engagement with key services such as schools and health, are not in education or work long term.</p> <p>The object of the work of the Team around the Family (TAF) is to enable the family to have their needs met within the universal and additional services tier.</p> <p>Where the Team around the Family (TAF) has attempted to work with the family but serious safeguarding concerns remain, a referral to the MASH is to be made.</p> <p>Consent required:</p> <p>The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their</p>	<ul style="list-style-type: none"> • Parent has undergone, Female Genital Mutilation (FGM) procedure but risk of child being subject to procedure is unknown and needs to be further assessed within partnership • Some episodes of suicide thoughts • Growing professional concern about fabricated and induced illness and some perplexing presentations but there is no current evidence of significant harm • Teenage pregnancy - consider and age/ maturity/ consent and social circumstances 	<p>Help Assessment and should speak to a member of the Early Help Team for advice.</p> <p>The early help assessment needs to identify the child's and family's needs and develop a SMART plan to address these.</p> <p>A Team around the Family (TAF) is to be convened and a lead professional to be identified. There is an expectation that the Team around the Family (TAF) will have worked intensively together to meet the additional needs of the child and the family.</p> <p>These indicators are meant as a guide but clearly rely on professional analysis and interpretation. If you are in doubt about whether</p>
	<p>Learning/education</p> <ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent truanting • Poor school attendance and punctuality • Not engaged in education or reaching education potential • Children who are home schooled where there are concerns that their educational needs are not being consistently met and parent requesting support • Parent does not engage with school and actively resists support • Special Education Needs (SEN) school support or EHCP • No access to books, toys, internet or educational materials and inadequate stimulation leading to developmental concerns • NEET (Not in Education, Employment or Training) 	
	<p>Social and emotional presentation, behaviour, identity</p> <ul style="list-style-type: none"> • Child under 18 is pregnant where there are significant social family concerns • Low or medium level indicators of CSE (please see CSE risk assessment guidance and strategy) • Starting to commit offences and reoffend • Disruptive / challenging behaviours at school or in the neighbourhood • Lack of empathy • Child is engaging in cyber activity that potentially places others or themselves at risk of harm • Evidence of regular/frequent drug use which may be combined with other risk factors • Concerns regarding peer groups • Concerns regarding Criminal exploitation • Evidence of gang affiliation and gang related activities – need, harm and risk beyond the family • Concern about child being radicalised or exposed to extremism • Parental mental health/physical needs showing signs of impact on the care of the child 	

<p>parents or carers/ those with parental responsibility. Except where to do so might place the child or another person at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub and followed up in writing or in an emergency contact the police on 999.</p>	<ul style="list-style-type: none"> Escalating level of concern of low self-esteem and confidence affecting emotional presentation, behaviour and identity Subject to discrimination e.g. racial, sexual orientation or disabilities Sudden display of unexplained gifts / clothing Lack of positive role models Regular care for a sibling or another family members 	<p>the child's circumstances are at level 3 or 4 you can ask for a consultation with a qualified social worker / Early Help coordinator in the MASH.</p>
	<p>Self-care and independence</p> <ul style="list-style-type: none"> Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety Pre – occupation with the internet Lack of friends of the same age 	<p>Where a plan has been in place for 12 weeks and no change have been affected and/ or need, harm and risk is identified as escalating - ask for a consultation with a qualified social worker in the MASH using the number identified above.</p>
	<p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> Emerging pattern of parental conflict Verbal Abuse/ arguments Poor family support Risk of relationship breakdown leading to child possibly becoming looked after Parental illness or disability affecting ability to provide basic care Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm Unhelpful involvement from extended family Multiple change of addresses starting to affect the child/ young person's wellbeing 	
	<p>Housing, employment and finance</p> <ul style="list-style-type: none"> Unsuitable accommodation Intentionally homeless or living in a hostel Families financial resources impact on child's basic physical needs being met Poor state of repair, hoarding, lack of cleanliness Parents experience stress due to unemployment or over working Parent find it difficult to obtain employment due to poor / basic skills Serious debt/ poverty impacts on ability to meet the child's basic needs No recourse to public funds (immigration) 	<p>Portage School nursing Early years childcare settings Housing Family Wellbeing service DAC DAN Freedom Project</p>

	<ul style="list-style-type: none"> Families financial resources starting to compromise child's basic physical needs being met/their general wellbeing 	IDVA Probation Young carers
	Social and community resources <ul style="list-style-type: none"> Family require support services as a result of social exclusion Parents socially excluded, no access to local facilities Access difficulty to community resources and targeted services 	Adult mental health Young Women's Resource Project SALT PAFSS
	Parents and carers	Parenting Team
	Basic care, safety and protection <ul style="list-style-type: none"> Patterns are emerging that the child is left at home alone, but this does not seriously place them at significant risk (consider age and vulnerability) Previously child in care by another local authority / Doncaster Professionals are concerned about parental mental health, learning difficulties, drug and alcohol misuse that may impact on ability to care if no coordinated response Inappropriate childcare arrangements which are consistently prejudicing the child's safety and welfare Health and safety hazards in the home Parent not actively preventing the child's exposure to potentially unsafe situations 	Education Family Hub 0 – 19 Healthy Child Service Midwifery School nursing GP Police Housing DSCT Counselling Services Voluntary and community services
	Emotional warmth and stability <ul style="list-style-type: none"> Inconsistent/ erratic parenting impacting emotional or behavioural development Episodes of poor quality of care Have no other positive relationships Multiple carers Parent is unresponsive or fails to recognise child's emotional needs Parent ignores child or is consistently inappropriate in responding to child Parents ability to cope with needs of disabled child is affected and requesting support 	Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services Parenting groups Adult mental health
	Guidance boundaries and stimulation <ul style="list-style-type: none"> Parent provides inconsistent boundaries or responses Parent not offering good role model Parents enforcing unrealistic boundaries and guidance No restrictions imposed re access to extreme groups 	SALT and drop in Sexual health services Dentist Ophthalmic services Audiology Services

	<ul style="list-style-type: none"> • Child not receiving positive stimulation with lack of new experiences or activities • Deliberating restricting access to positive experiences 	
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Specialist / Acute

Features	Specialist / Acute Example Indicators	Guidance
<p>Complex needs, Acute needs/ Specialist / Acute Level 4 – Social Work led</p> <p>Children with complex additional unmet needs that require a statutory child in need assessment.</p> <p>Consent required for S17 CA 1989: The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers/ those with parental responsibility. Except where to do so might place the child or</p>	<p>Development Needs</p> <p>A comprehensive statutory assessment under Section 17 of the Children Act 1989 will be required/ intervention under Section 47 of the Children Act 1989 may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child in order to ensure their protection.</p> <p>Specialist services are required where the needs of the child have been significantly compromised, they are suffering significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.</p> <p>Health</p> <ul style="list-style-type: none"> • Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, child sexual exploitation and specific physical or medical conditions which require specialist interventions • Acute mental health problems which require specialist interventions • Concern about serious unexplained injury • Developmental milestones not met • Health concerns and the parent intentionally does not engage with health professionals 	<p>Planned assessments of intervention and – with a Family First Meeting (See MASH operating principles)</p> <p>Immediate response and child seen in 24 hours and multi-agency information sharing either by way of a Family First Meeting or as part of a Strategy Meeting.</p> <p>Children’s Social Care Child in Need Assessment</p> <p>Where using the Levels of Need descriptors a professional considers that a statutory social work assessment of the child’s needs and circumstances should be undertaken, a referral form is to be completed and refer to the MASH.</p> <p>In submitting such a request the referrer should also attach any supporting documentation such as a description of the Team around the Family (TAF) activity and plan, Family Early Help Assessment / and</p>

<p>another person at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub and followed up in writing or in an emergency contact the police on 999.</p> <p>Children who are at risk of significant harm which require a child protection response or legal intervention.</p> <p>Children who need to be accommodated by the local authority either on a voluntary basis or by way of a Court Order.</p> <p>Parent has had a child/children previously subject to a Child Protection Plan or Care proceedings.</p>	<ul style="list-style-type: none"> • Persistent presentation to professionals with injuries: Raising concerns about child safety/ parental behaviour • Child is at serious risk of Female Genital Mutilation (FGM) / travel arrangements, seeking doctor, seeking finance for procedure • Professional concern about fabricated and induced illness and there is evidence of significant harm • Hygiene problems directly affecting the health and development of the child • Small baby/non mobile child bruising <p>Learning / Education</p> <ul style="list-style-type: none"> • Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving • The parent has consistently failed to cooperate with services at the Early Help level to address learning/ education • Children who are home schooled where there are significant concerns that the child’s educational needs are not being met • Failure to stimulate and no interest in the child/ young person’s education <p>Social and Emotional presentation, Behaviour and Identity</p> <ul style="list-style-type: none"> • Serious persistent offending behaviour attributable to neglectful absent parenting • Allegations of child on child sexual harmful behaviour • Serious concerns that the child is being sexually exploited (based on risk assessment evidence) • Child under 16 is pregnant where there are significant social family concerns • Safety and welfare seriously compromised by gang involvement (criminal exploitation) • Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent • Frequently go missing from home for long periods which seriously compromises the child’s safety and wellbeing 	<p>Early Help Reviews that have taken place with the family.</p> <p>Immediate safeguarding concerns/child protection</p> <p>If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH</p> <p>Where an immediate response is required because of the child’s physical / medical health dial 999 for an ambulance.</p> <p>Where a child’s safety is at immediate risk contact the police by dialling 999.</p> <p>After any immediate protective action has been taken you need to speak in person to Children’s Social Care. If this incident occurs out of hours contact EDT service.</p> <p>Key agencies that may provide support at this level:</p> <p>Children’s Social Care SEND Youth Offending Team CAMHS Family Support Service Parenting Team Voluntary & community services</p>
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	<ul style="list-style-type: none"> • Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology • Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent • Poor and inappropriate self-presentation • Prosecution of offences resulting in court orders/ remand in Local Authority care • Family breakdown related to child’s behaviour difficulties • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse and neglect • Subject to peer/ gang culture and pressure 	Prevent IDVA Probation GP 0 – 19 Healthy Child Service DSCT Counselling Services Audiology Services
	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm 	
<p>Family & Environmental Factors</p>		
	<p>Housing, Employment & Finance</p> <ul style="list-style-type: none"> • Clear evidence that a family is destitute and homeless • Clear evidence that a 16/17-year-old is destitute and homeless • Inappropriate accommodation • Physical accommodation is placing the child in danger • Chronic unemployment severely affecting parents own identify and therefore impacting on the child • Extreme poverty/ debt/ gambling impacting on parent’s ability to care for the child • Deliberate avoidance of authority and intervention by professionals resulting in multiple moves impacting on the child / young person 	
	<p>Social & Community Resources</p> <ul style="list-style-type: none"> • Escalation of levels of domestic abuse that put the child at likelihood or serious risk of harm • Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after 	

	<ul style="list-style-type: none"> • Child is young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage • There are indicators of engagement in terrorist activity • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is subjected to physical, emotional, sexual abuse or neglect including peer on peer exploitation • Child is privately fostered - Child under 16 years (or 18 if the child has a disability) (S.66 Children Act 1989) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person' • There is nobody with parental responsibility to ensure the child's wellbeing and stability of care • Unaccompanied minors • Trafficked children • Family member is known to be a significant risk to children • No effective support from the extended family • Intention to travel to or return from area of conflict <p style="background-color: red; color: white; margin: 0;">Parents and Carers</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child, including unborn child • Parent has a history of being unable to care for previous children • Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network 	
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	<p>Emotional Warmth & Stability</p> <ul style="list-style-type: none"> • Inconsistent, highly critical and apathetic parenting significantly impairing emotional or behavioural development • Family breakdown and parent/ carer not willing or able to care for the child/ young person any longer – requesting the child/ young person to be accommodated by the Local Authority. • Parents ability to cope with needs of disabled child • Evidence of child being groomed – parents no longer able to safeguard 	
	<p>Guidance Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child • Child/ parent persistently behaves in an anti-social way in the neighbourhood 	